

In-Reach

In-Reach Function

In-Reach is an engagement, education and support effort designed to accurately and fully inform adults who have a serious mental illness (SMI) or a serious and persistent mental illness (SPMI) about community-based mental health services and supported housing options including but not limited to the availability of tenancy support services and rental assistance.

In-Reach is ongoing with the goal of educating individuals about all community-based options, including the option to transition to supported housing, its benefits, the array of services and supports available to those in supported housing to include rental subsidy and other assistance individuals may need. In-Reach also includes informing individuals about Medicaid, Special Assistance, services under the North Carolina State Plan for Medical Assistance or the State funded service array for which the individual is eligible. In-Reach also includes offering the individual opportunities to meet with other individuals with disabilities who are living, working and receiving services in integrated settings.

LME-MCOs will initially target In-Reach to Adult Care Homes (ACHs) determined to be an Institution for Mental Disease (IMDs) after August 23, 2012.

Target Population for In-Reach includes:

- Individuals with Serious Mental Illness (SMI) who reside in ACHs determined by the State to be an IMD
- Individuals with Serious and Persistent Mental Illness (SPMI) who are residing in ACHs licensed for at least 50 beds and in which 25% or more of the resident population have a mental illness
- Individuals with SPMI who are residing in ACHs licensed for between 20 and 49 beds and in which 40% or more of the resident population have a mental illness
- Individuals with SPMI who are or will be discharged from a State Psychiatric Hospital and who are homeless or have unstable housing
- Individuals diverted from entry into ACHs pursuant to the pre-admission screening and diversion provisions established by the State

****Note: Any individual who was in an IMD as of 8/23/12 is considered first priority regardless of where they are currently living. This may mean providing In-Reach in an area not previously defined in settlement such as group homes and shelters.**

Required Skills, Experience and Education to Perform In-Reach Activities:

Staff completing In-Reach should be employed by the LME-MCO. In-Reach staff must be a NC Certified Peer Support Specialist with a minimum of high school/GED and 1-2 years experience working with the MH/SA population. If an LME-MCO has limited availability of qualified Certified Peer Support Specialists in their catchment area, efforts to build capacity, train and recruit Certified Peer Support Specialists must be documented and continuous. In the meantime, LME-MCOs may provisionally substitute this role for an otherwise qualified staff with a Bachelor's degree from a recognized college or university in the Human Services field with 3 – 5 years related work experience with the MH/SA population; or a degree in a non-Human Services field with 4

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– 6 years relevant experience working with the MH/SA population if recruitment of a Certified Peer Support Specialist is an issue.

The In-Reach staff should be knowledgeable about Medicaid and Special Assistance benefits, available clinical services, community supports, and supported housing. The In-Reach staff should also receive additional training in the following skill set: Assertive Engagement, Motivational Interviewing, Active Listening Skills, RENEW Transition Model, and other relevant methods of engagement.

LME-MCO Oversight of In-Reach Functions:

LME-MCOs have been identified by the NC Department of Health and Human Services as the entity responsible for coordinating and overseeing the completion of In-Reach activities. LME-MCOs are responsible for coordinating, overseeing, and documenting the completion of In-Reach activities for applicable individuals whose Medicaid originates in a county for which the LME-MCO is responsible.

In-Reach is considered to be an administrative function and is reimbursed as part of the LME-MCO capitated rate. In-Reach must be completed by LME-MCO staff knowledgeable about community services and supports, including supported housing.

Each LME-MCO is expected to create procedures documenting the method by which initial and ongoing In-Reach activities will be completed and documented. The procedures developed by the LME-MCO must be consistent with the requirements and directives provided by the State. Procedures related to In-Reach should be made available to the State upon request.

The State will be sponsoring initial and ongoing training regarding In-Reach activities. Staff from the LME-MCO are required to attend the State sponsored training. Additional training in engagement skills and supports may be necessary and should be guided by LME-MCO staff needs assessment.

IN-REACH Activities include but are not limited to:

- Assessing interest in supported housing
- Explaining fully the benefits and financial aspects of clinically appropriate community based integrated settings, including supported housing
- Facilitating and accompanying individuals on site visits to permanent housing with tenancy rights
- Exploring and addressing the concerns of any individual who declines the opportunity to move to supported housing or who are ambivalent about moving to supported housing, despite being qualified for such housing
- Reviewing individual's housing preferences
- Provide linkages to ongoing peer support services as a step in education/exposure to the housing options and supports available
- Educating individuals about services covered under the North Carolina State Plan for Medical Assistance, Medicaid 1915(b)(c) waiver, or the State funded service array

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Philosophical Expectations of In-Reach Function

Building trust, establishing rapport and using good communication skills are key to setting the tone for a successful meeting.

Some examples include:

- Building Trust: Prior to “jumping” into the meeting to gather information, attempts should be made to make the individual feel at ease. This can be accomplished by chatting about everyday activities, social conversations, looking through family pictures, etc.
- Establishing Rapport: Active listening skills can lead to good rapport and engagement. Active listening skills include paraphrasing what has been heard, gently encouraging the individual to continue talking and validating the individual’s feelings.
- Communication: Person-Centered dialogue is central to learning more about the individual’s values, strengths, preferences and concerns. It is an effective method to gather accurate information about the individual and the supports that may be needed for a successful transition to the community. Person-Centered interaction support informed choice and decision-support processes which may include:
 - listening to the individual express his/her preferences, values, service needs and circumstances
 - engaging in conversation for a mutual exchange of information and possible options that are tailored around the stated needs and preferences
 - providing support that leads the individual to make informed choices about long-term services and supports
 - connecting the individual, when it is his/her choice, to public/private services and/or informal supports, and
 - following-up with the individual with the ultimate goal to support the individual to live in his/her community of choice

Procedures for Conducting In-Reach to Target Populations:

The LME-MCO shall provide In-Reach to applicable individuals **at least every 90 days**. In-Reach may need to occur more frequently based on the housing situation of the individual (e.g. homelessness or risk of homelessness). It is required that In-Reach activities be delivered by LME-MCO staff that are knowledgeable about community services and supports, including supported housing.

The LME-MCO In-Reach staff is expected to coordinate a face to face meeting with individuals and guardians as applicable to determine an individual’s interest in integrated supported housing with tenancy rights and behavioral health services.

Prior to the face to face meeting with individuals who reside at an ACH, the LME-MCO In-Reach staff should notify the facility owner/administrator by letter of the need to conduct In-Reach activities for certain individuals living at the facility (letter does not

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apply to individuals living at State Psychiatric Hospital). The letter should be sent by trackable mail. After receiving confirmation that the facility owner/administrator has received the letter, the LME-MCO In-Reach staff should contact the facility owner/administrator via telephone to:

- Discuss the letter
- Educate the facility owner/administrator about In-Reach and answer any questions the facility may have about In-Reach activities
- Share the names of identified individuals needing In-Reach
- Determine whether any of the identified individuals have a guardian and obtain their contact information

After the telephone conversation with the facility owner/administrator, the LME-MCO In-Reach staff should send letters to applicable individuals or their guardians to announce the In-Reach activities and schedule face to face visits (letters do not apply to individuals residing at a State Psychiatric Hospital). The LME-MCO In-Reach staff should make every effort to schedule visits during a time that is convenient for both the individual and facility. Attempts should be made to not be intrusive or interrupt the daily routine of the facility. The individual may invite another person or friend for support during the face to face meeting if the individual makes the request. Written consent from the individual should be obtained.

In the event the individual has a guardian, the inclusion of the individual in the discussion with the guardian is required. Any decisions made by the guardian about where the individual will live should reflect the individual's preferences to the extent possible.

Given that some individuals may not be aware of the supported housing resources in their community or the role of the LME-MCO, it is essential that the LME-MCO In-Reach staff fully explain the benefits and financial aspects of living in the community to include Medicaid and Special Assistance as well as services covered under the North Carolina State Plan for Medical Assistance, Medicaid 1915(b) (c) Waiver and the State funded service array. A standardized tool will be used to gather information and to guide the conversation during the face to face meeting.

For individuals in State Psychiatric Hospitals, the LME-MCO and designated Psychiatric Hospital Social Worker meet to reconcile lists of individuals targeted for In-Reach. In-Reach is prioritized for individuals currently in State Psychiatric Hospitals who:

- Have been in the psychiatric hospital for at least 90 days as of 8/23/2012; or
- Have been in the hospital 90 days from admission date; or
- Have had three admissions within one year and have unstable housing.

Note: In-Reach to forensic patients is circumstance specific and determined on a case by case basis.

Before the face to face meeting for both individuals living at ACHs and State Psychiatric Hospitals, the LME-MCO In-Reach staff should gather information to prepare for the visit using the In-Reach Guidance Checklist.

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During the initial face to face meeting, the LME-MCO In-Reach staff should determine the individual's interest in moving from an ACH by using the script, **"Did You Know You Can Choose Where You Live?"**. Since an individual's stay at a State Psychiatric Hospital is based on medical necessity, the script **"Did You Know You Can Choose Where You Live?"** is used to inform the individual about the opportunity to choose where he/she can live upon discharge.

The LME-MCO In-Reach staff should ask the individual or guardian as applicable about past living situations to include but not be limited to where the individual lived before move to facility or admission to State Psychiatric Hospital, reason individual chose current setting, did anyone help individual learn about other places or options, etc.

While meeting with the individual, the LME-MCO In-Reach staff should also gather information about the individual's present living situation and supports the individual is currently receiving to include medical services, personal assistance or therapies the individual receives, etc.

It is critical to have extensive discussions related to services and supports that are available to assist the individual to transition to a community setting to include but not be limited to a description of the individual's ideal living situation, strengths, housing and geographic location preferences, concerns or fears individual may have about moving, local supported living options, costs, consumer directed options, wrap around services, transportation, etc.

If at any time during the face to face meeting it appears the individual is not able to fully engage in the meeting or is not able to provide informed consent, the local DSS should be contacted about the concern and the possible need for a representative or guardian.

So as not to overwhelm the individual, more than one face to face meeting may be needed to fully explain the benefits of community living and to educate the individual about community options. Attempts to build rapport and support the individual in decision making should be made throughout the process. Prior to leaving the initial visit, the LME-MCO In-Reach staff should leave a card with contact information with the individual.

The LME-MCO In-Reach staff is responsible for identifying individual's housing preferences. If needed, the LME-MCO may also facilitate and accompany individuals on site visits to supported housing apartments as well as provide opportunities for the individual to meet with other individuals with disabilities who are living, working and receiving services in integrated settings to assist the individual in the decision making process.

For individuals living in ACHs who express an interest in moving, the LME-MCO In-Reach staff should obtain necessary consents to release information and submit all required documents to the LME-MCO Transition Coordinator. In the case of individuals being transitioned to community settings from a State Psychiatric Hospital the LME-MCO should also obtain necessary consents to release information and submit all required documents to the LME-MCO Transition Coordinator. The LME-MCO Transition Coordinator will refer the individual to the DHHS Transition Team.

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The LME-MCO should continue In-Reach efforts to individuals that make a decision not to move or decide to move to an ACH after being discharged from a State Psychiatric Hospital. Literature about the LME-MCO should be left at the facility. Continuing In-Reach efforts should occur **at least every 90 days.**

The LME-MCO should explore and address all concerns of any individual who declines the opportunity to move to supported housing or who is unsure about moving to supported housing. If an individual chooses not to move but expresses an interest in receiving behavioral health services, the LME-MCO should implement care coordination activities and link the individual to services.

Individual's Rights:

The rights of individuals living in adult care homes are acknowledged and protected by State law. North Carolina's Adult Care Home Bill of Rights outlines the rights of individuals residing in an Adult Care Home to include an individual's right to associate and communicate privately and without restriction with people and groups of his or her own choice. The Long Term Care Ombudsmen serve as advocates for individuals living in Adult Care Homes throughout North Carolina. In addition, NC DHHS Division of Health Service Regulation monitors complaints regarding ACHs.

In the event an LME-MCO In-Reach staff is denied access to an Adult Care Home or individual for the purposes of completing In-Reach activities, the regional Long Term Care Ombudsman and the DHSR Complaint Intake Unit should be contacted. The name and contact information for the Regional Long Term Care Ombudsman can be found at <http://www.ncdhhs.gov/aging/ombud.htm>

In the event the LME-MCO has concerns regarding the care and services provided to an individual living at an ACH, the LME-MCO may file a complaint with the DHSR Complaint Intake Unit. The Complaint Hotline number is **1-800-624-3004 (within N.C.) or 919-855-4500**. The link to the Complaint Intake Unit webpage is: <http://www.ncdhhs.gov/dhsr/ciu/complaintintake.html#contactinfo>.

Individuals living in our State run facilities are afforded all state and federal civil rights, including rights under: Article 3 of North Carolina General Statutes Chapter 122C, the Individuals with Disabilities Education Act (IDEA), The Americans with Disabilities Act (ADA), The Rehabilitation Act, the Civil Rights of Institutionalized Persons Act, and Title VI of the Civil Rights Act. HIPAA confidentiality protections also apply.

Consumer Advocates are located in the state operated healthcare facilities and are available to individuals and their families 24 hours a day, 7 days a week. Anyone receiving services in one of our facilities has a right to express a concern or grievance without fear of retribution. Concerns or grievances can also be brought forward by a guardian or anyone else authorized to speak on behalf of the person who is directly receiving services. The Advocates also conduct timely investigations when there are reports or suspicions of rights violations such as abuse, neglect or exploitation. In the event the LME-MCO has concerns regarding the care and services provided to an individual in one of our State run facilities the LME-MCO may file a complaint with the Consumer Advocate for that facility. A link to find the Advocate for each facility can be found at <http://www.ncdhhs.gov/dsohf/facilitycontacts.htm>

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Each facility has a Human Rights Committee that is appointed by the Secretary of DHHS. These committees also work to protect the rights of the people being served by the facility. The Facility Advocates support the mission of these Human Rights Committees by providing information regarding many aspects of the facilities' programs for the committee to review. The Consumer Advocates are also available to follow-up on any matters that are of concern to the Human Rights Committees.

Each state is required by the federal government to be part of the federal Protection and Advocacy (P&A) system. Disability Rights North Carolina (DRNC) is a private non-profit organization that was designated by the Governor in 2007 as the P & A for N.C. DRNC can be contacted at (877)235-4210 or by e-mail at info@disabilityrightsn.org.

Reporting Complaints about LME In-Reach Activities:

Each LME-MCO has a customer service department. All concerns or complaints about activities related to LME-MCO In-Reach efforts should be shared with the customer service department. In addition, concerns or complaints can be made to DMH/DD/SAS Customer Service and Community Rights Team. The LME-MCO In-Reach staff should provide contact information for the customer service department along with information on how to share any concerns or complaints related to LME-MCO In-Reach efforts.

Documenting In-Reach Activities:

All In-Reach activities should be documented and outcomes of In-Reach efforts tracked by the LME-MCO to include refusals to meet with LME-MCO as well as lack of response to LME-MCO written communication about In-Reach by the individual or guardian. All documentation related to In-Reach should be made available to the State upon request.